FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000058148				FILED	
BEDROCK DRYWALL INSTALLATION, INC				02 APR 16 AM 11: 12	
				SECRETARY OF STATE	
DO NOT WE	TE IN TUI	e ena	` E	TALLAHASSEE, FLORID	
DO NOT WRITE IN THIS SPACE				TALLAHASSEE, FLORIES REINSTATEMENT	
2. Principal Place of Business 3620 NW 111 AVE.	3. Mailing Add	TOSS			7
Suite, Apt. #. etc.	Suite, Apt. #	, etc.	:	DO NOT WRITE IN THIS SPACE	V
CORAL SPRINGS, FL	City & State	·····	- 	4. FEI Number 65-1018574 Applied For Not Applied by	<u>, </u>
Zip Country PSA	Country Zip		intry	S. Certificate of Status Desired	
<u> </u>			Nama	7. Name and Address of Current Registered Agent	_
DO NOT WRITE IN THIS SPACE			Name	M FISHMAN	_
			23	ess (P.O. Box Number is Not Acceptable)	_
			μ	IA'	_
		.	City Po	MPAUD BEACH FL ZISSOTS	
8. The above named entity submits this staten	neat for the purpose of cl	hanging its registe	red office or reg	gistered agent, or both, in the State of Florida.	
SIGNATURE Signatur, types or printed name of respector	St agent and lifts if applicable.	ALAU (NOTE: Rogistor	PS & red Agent signature re	MAN H12/02	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. January 1: May After May 1: F				10. Election Campaign Financing \$5.00 May Be	
(See criteria on back)		Amended UBR eck Payable to [ls \$61.25	Trust Fund Contribution, Added to Fees	
	AND DIRECTORS				
NAME		TJT NAI		100005449881 -05/03/0201052023	122
STREET ADDRESS DARLEUE CITY-ST-ZIP 3620 LILLI III	SOICE AAUE	STE	REET ADDRESS Y-ST-ZIP *	*****900.00 *****900.0	JUE .
101E 3620 NW 1114	5 FL 3306	5 III	LE		ZEO F
NAME Street address · ·		NAI STE	ME REET ADDRESS		្តី
CITY-ST-ZIP	.,		Y-ST-ZIP		
TITLE NAME		TIT: NAI	Į.		
STREET ADDRESS		STI	REET ADDRESS	DO NOT WRITE	
CITY-SI-ZIP TITLE		CIT	Y-ST-ZIP		- 2
NAME		NAI	ME	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP			Y-ST-ZIP	í	
TIFLE		TIT			1
NAME STREET ADDRESS		MAI STE	ME REET ADDRESS		
CITY-ST-ZIP	•	CIT	Y-ST-ZIP		
THE NAME.		TITI NAM	1	v	
STREET ADDRESS CHY-ST-ZIP		STR	REET ADDRESS		
13. Thereby certify that the information supplied	ed with this filing does no	t qualify for the eve	Y-ST-ZIP emption stated in	n Section 119.07(3)(i). Florida Statutes, I further certify that the information	+
COCCACO OF THIS PODOL OF SUDDIEMENTAL FE	eport is true and accurate re empowered to execute	Panci that my sions	ature shall have I	the same legal effect as if made under oath; that I am an officer or director rer 607, Florida Statutes; and that my name appears in Block 11 or on an	
\rightarrow .			# -	4-11-62	
SIGNATURE: X SKATURE AND TYPE	ED ON PRINTED NAME OF SIGNI	ING OFFICER OR DIREC	TOR	4-11-02 Date Daysime Plane #	